FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	e burden
Unite per reconn	se: 16 00

S	EC USE ONL	Y
Prefix		Serial
DA	TE RECEIV	ED I

UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (  check if this is an amendment and name has changed, and indicate change HedgeForum Canyon, Ltd.	RECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	1 4(6) ULOE (5)
Type of Filing: New Filing  Amendment	⟨ CT 1 7 2005 ⟩ ⟩
A. BASIC IDENTIFICATION DATA	12
1. Enter the information requested about the issuer	185
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	(2)39
HedgeForum Canyon, Ltd.	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o M & C Corporate Services Limited, P.O. Box 309 GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, British West Indies	Telephone Number (Including Area Code) (345) 945-7099
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business To operate as a private investment exempted fund.	
	er (please specify): A Cayman Islands PROCESSEE
Actual or Estimated Date of Incorporation or Organization:  Out  Out  Out  Out  Out  Out  Out  Ou	State:  Estimated OCT 2 0 2005  FN THOMSON
GENERAL INSTRUCTIONS	FINANCIAL
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Re. 15 U.S.C. 77d(6).  When to File: A notice must be filed no later than 15 days after the first sale of securities in the off Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the securities are securities.	gulation D or Section 4(6), 17 CFR 230.501 et seq. or fering. A notice is deemed filed with the U.S.
after the date on which it is due, on the date it was mailed by United States registered or certified m	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.	
Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be must be photocopies of the manually signed copy or bear typed or printed signatures.	manually signed. Any copies not manually signed
Information Required: A new filing must contain all information requested. Amendments need o	only report the name of the issuer and offering, any
changes thereto, the information requested in Part C, and any material changes from the information Appendix need not be filed with the SEC.	n previously supplied in Parts A and B. Part E and the
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE)	for cales of securities in those states that have adopted
This house shall be used to indicate renaice on the Omform Emilied Offering Exemption (OLOE).	for sales of securities in mose states that have adopted

ATTENTION

ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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this notice and must be completed.

|           |                                                                                                                                                                                                                                                                                                                 |                                                      |                      | A. BASIC IDEN                                                | TIFICATION DATA                          |                       |                                 |  |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------|--------------------------------------------------------------|------------------------------------------|-----------------------|---------------------------------|--|--|--|
| 2.        | Ent                                                                                                                                                                                                                                                                                                             | er the information                                   | on requested for th  | e following:                                                 |                                          |                       |                                 |  |  |  |
|           | 0                                                                                                                                                                                                                                                                                                               | Each promoter                                        | of the issuer, if th | e issuer has been organized                                  | within the past five years;              |                       |                                 |  |  |  |
|           | <ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equitors of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;</li> </ul> |                                                      |                      |                                                              |                                          |                       |                                 |  |  |  |
|           | 0                                                                                                                                                                                                                                                                                                               | Each executive                                       | officer and direct   | or of corporate issuers and                                  | of corporate general and mana            | aging partners of par | tnership issuers; and           |  |  |  |
|           | 0                                                                                                                                                                                                                                                                                                               | Each general a                                       | nd managing parti    | ner of partnership issuers.                                  |                                          |                       |                                 |  |  |  |
| Check I   | Box(e                                                                                                                                                                                                                                                                                                           | s) that Apply:                                       | Promoter             | ☐ Beneficial Owner                                           | Executive Officer                        | ☑ Director            | General and/or Managing Partner |  |  |  |
| Full Na   | •                                                                                                                                                                                                                                                                                                               | ast name first, if<br>nerville, Scott                | individual)          |                                                              |                                          |                       |                                 |  |  |  |
| Busines   | c/o                                                                                                                                                                                                                                                                                                             | esidence Addres<br>Maples Finance<br>ish West Indies |                      | er and Street, City, State, Zip<br>x 1093 GT, Queensgate Hou | o Code)<br>use, South Church Street, Geo | rge Town, Grand Ca    | ayman, Cayman Islands,          |  |  |  |
| Check I   | Box(e                                                                                                                                                                                                                                                                                                           | s) that Apply:                                       | Promoter             | Beneficial Owner                                             | ☐ Executive Officer                      | ☑ Director            | General and/or Managing Partner |  |  |  |
| Full Na   | •                                                                                                                                                                                                                                                                                                               | ast name first, if<br>hbrook, David                  | individual)          |                                                              |                                          |                       | :<br>                           |  |  |  |
| Busines   | c/o                                                                                                                                                                                                                                                                                                             | esidence Addres<br>Maples Finance<br>ish West Indies |                      | er and Street, City, State, Zip<br>k 1093 GT, Queensgate Hou | o Code)<br>use, South Church Street, Geo | rge Town, Grand C     | ayman, CaymanIslands,           |  |  |  |
| Check I   |                                                                                                                                                                                                                                                                                                                 | s) that Apply:                                       | Promoter             | Beneficial Owner                                             | ☐ Executive Officer                      | Director              | General and/or Managing Partner |  |  |  |
| Full Na   | me (L                                                                                                                                                                                                                                                                                                           | ast name first, if                                   | individual)          |                                                              |                                          |                       |                                 |  |  |  |
| Busines   | s or R                                                                                                                                                                                                                                                                                                          | esidence Addres                                      | s (Numbe             | er and Street, City, State, Zip                              | Code)                                    |                       |                                 |  |  |  |
| Check I   | 3ox(es                                                                                                                                                                                                                                                                                                          | s) that Apply:                                       | Promoter             | ☐ Beneficial Owner                                           | Executive Officer                        | ☐ Director            | General and/or Managing Partner |  |  |  |
| Full Na   | me (L                                                                                                                                                                                                                                                                                                           | ast name first, if                                   | individual)          |                                                              |                                          |                       |                                 |  |  |  |
| Busines   | s or R                                                                                                                                                                                                                                                                                                          | esidence Addres                                      | s (Numbe             | r and Street, City, State, Zip                               | Code)                                    |                       |                                 |  |  |  |
| Check I   | 3ox(es                                                                                                                                                                                                                                                                                                          | that Apply:                                          | Promoter             | Beneficial Owner                                             | Executive Officer                        | Director              | General and/or Managing Partner |  |  |  |
| Full Na   | me (L                                                                                                                                                                                                                                                                                                           | ast name first, if                                   | individual)          |                                                              |                                          |                       | :                               |  |  |  |
| Busines   | s or R                                                                                                                                                                                                                                                                                                          | esidence Addres                                      | s (Numbe             | r and Street, City, State, Zip                               | Code)                                    |                       |                                 |  |  |  |
| · · · · · |                                                                                                                                                                                                                                                                                                                 | ** ***                                               | (Use blani           | sheet, or copy and use add                                   | itional copies of this sheet, as         | necessary.)           |                                 |  |  |  |
|           |                                                                                                                                                                                                                                                                                                                 |                                                      |                      |                                                              |                                          |                       |                                 |  |  |  |

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|                      |                                               |                                                                                                        |                                                                                     |                                                                                                        | В.                                                                                     | INFORMA                                                                       | TION AB                                                           | OUT OFFE                     | RING                         |                                      |                                                          |                                         |                                 |
|----------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------|------------------------------|--------------------------------------|----------------------------------------------------------|-----------------------------------------|---------------------------------|
| 1.<br>2.<br>3.<br>4. | What is *S  Does th Enter th remuner agent of | nswer also<br>the minim<br>ubject to the<br>e offering parties informate<br>ration for set a broker of | in Appendium investme discretion permit join ion request colicitation or dealer re- | lix, Column<br>nent that we<br>n of the Bo<br>t ownership<br>ed for each<br>of purchase<br>gistered wi | a 2, if filing ill be accepted of Director of a single person where in connuth the SEC | g under UL pted from a ectors to ac e unit no has been ection with and/or wit | OE.  ny individu cept lesser  or will be sales of se h a state or | amounts.  paid or give       | the name o                   | or indirec                           | Yes \$10 Yes \$2 tly, any cor on to be list r or dealer. | nmission of<br>ed is an as<br>If more t | sociated person or han five (5) |
| Full Na              |                                               |                                                                                                        | , if individu                                                                       |                                                                                                        | is of such                                                                             | a broker or                                                                   | dealer, you                                                       | i may set n                  | orth the info                | manon re                             | mai brok                                                 | er or deare                             | i only.                         |
| Busines              | s or Resi                                     | dence Add                                                                                              | lress (Numl                                                                         | per and Str                                                                                            | ect, City, S                                                                           | itate, Zip C                                                                  | ode)                                                              |                              |                              | <del> </del>                         |                                                          |                                         |                                 |
| Name o               | f Associa                                     | ated Broke                                                                                             | r or Dealer                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                  |                                                                                        |                                                                               |                                                                   |                              |                              | ·                                    |                                                          |                                         |                                 |
|                      |                                               |                                                                                                        | ed Has Sol<br>or check inc                                                          |                                                                                                        |                                                                                        | olicit Purch                                                                  | asers                                                             |                              | "                            |                                      |                                                          | ⊠ A                                     | Il States                       |
|                      | [AL]<br>[IL]<br>[MT]<br>[RI]                  | [AK]<br>[IN]<br>[NE]<br>[SC]                                                                           | [AZ]<br>[IA]<br>[NV]<br>[SD]                                                        | [AR]<br>[KS]<br>[NH]<br>[TN]                                                                           | [CA]<br>[KY]<br>[NJ]<br>[TX]                                                           | [CO]<br>[LA]<br>[NM]<br>[UT]                                                  | [CT]<br>[ME]<br>[NY]<br>[VT]                                      | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV]         | [GA]<br>[MN]<br>[OK]<br>[WI]                             | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR]    |
| Full Na              | me (Last                                      | name first                                                                                             | , if individu                                                                       | al)                                                                                                    |                                                                                        |                                                                               |                                                                   |                              |                              |                                      |                                                          | :                                       |                                 |
| 153 Eas              | st 53rd Str                                   | eet, New Y                                                                                             | lress (Numl<br>York, NY i<br>r or Dealer                                            | per and Str<br>0043                                                                                    | eet, City, S                                                                           | state, Zip C                                                                  | ode)                                                              |                              |                              |                                      |                                                          | 1 1                                     |                                 |
| -                    |                                               | ent Service                                                                                            | es<br>ed Has Sol                                                                    | : I I                                                                                                  |                                                                                        | ti de Donnel                                                                  |                                                                   |                              |                              |                                      |                                                          |                                         | •                               |
|                      |                                               |                                                                                                        | or check inc                                                                        |                                                                                                        |                                                                                        | oncu Puren                                                                    | asers                                                             |                              |                              |                                      |                                                          | ⊠ A                                     | ll States                       |
|                      | [AL]<br>[IL]<br>[MT]<br>[RI]                  | [AK]<br>[IN]<br>[NE]<br>[SC]                                                                           | [AZ]<br>[IA]<br>[NV]<br>[SD]                                                        | [AR]<br>[KS]<br>[NH]<br>[TN]                                                                           | [CA]<br>[KY]<br>[NJ]<br>[TX]                                                           | [CO]<br>[LA]<br>[NM]<br>[UT]                                                  | [CT]<br>[ME]<br>[NY]<br>[VT]                                      | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV]         | [GA]<br>[MN]<br>[OK]<br>[WI]                             | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR]    |
| Full Na              | me (Last                                      | name first,                                                                                            | , if individu                                                                       | ıal)                                                                                                   |                                                                                        |                                                                               |                                                                   |                              |                              |                                      |                                                          |                                         |                                 |
| Busines              | s or Resi                                     | dence Add                                                                                              | ress (Numb<br>Floor, New                                                            | er and Str                                                                                             | et, City, S                                                                            | tate, Zip C                                                                   | ode)                                                              |                              |                              |                                      |                                                          |                                         |                                 |
| Name o<br>Salomo     | f Associa<br>n Smith I                        | ated Broker<br>Barney Inc                                                                              | r or Dealer                                                                         |                                                                                                        |                                                                                        | 11.1.5                                                                        |                                                                   |                              |                              |                                      |                                                          | :                                       |                                 |
|                      |                                               |                                                                                                        | ed Has Sol<br>or check inc                                                          |                                                                                                        |                                                                                        | onen Purch                                                                    | asers                                                             |                              |                              |                                      |                                                          | ⊠ A                                     | Il States                       |
|                      | [AL]<br>[IL]<br>[MT]<br>[RI]                  | [AK]<br>[IN]<br>[NE]<br>[SC]                                                                           | [AZ]<br>[IA]<br>[NV]<br>[SD]                                                        | [AR]<br>[KS]<br>[NH]<br>[TN]                                                                           | [CA]<br>[KY]<br>[NJ]<br>[TX]                                                           | [CO]<br>[LA]<br>[NM]<br>[UT]                                                  | [CT]<br>[ME]<br>[NY]<br>[VT]                                      | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL <b>]</b><br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]                             | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR]    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|   | Type of Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | Aggregate<br>Offering<br>Price                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount<br>Already<br>Sold                |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|   | Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                    | 0                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                        |
|   | Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 811,290.03                               |
|   | [x]Common []Preferred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>Ψ1,2.</del>      | 33,300,000                                                                           | 40,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
|   | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                    | 0                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . 0                                      |
|   | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | 0                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
|   | Other (Specify )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | 0                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                        |
|   | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 811,290.03                               |
|   | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ΦΨ,Σ.                 | 77,700,000                                                                           | Ψ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 011,270.03                               |
|   | aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ]                     | Number<br>Investors                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gregate Dollar<br>Amount of<br>Purchases |
|   | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | 4                                                                                    | \$5,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 811,290.03                               |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |
|   | Non-accredited Investors  Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                      | <u>\$</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                                        |
| • | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sold b                | y the issuer, t                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | in                                       |
| • | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sold b                | y the issuer, to Classify secu                                                       | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in<br>y<br>Dollar                        |
|   | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sold b                | y the issuer, to Classify secu                                                       | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in<br>y                                  |
| • | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sold b                | y the issuer, to Classify secu                                                       | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in<br>y<br>Dollar                        |
| • | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sold b                | y the issuer, to Classify secu                                                       | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in<br>y<br>Dollar                        |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offe type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sold b                | y the issuer, to Classify secu                                                       | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in<br>y<br>Dollar                        |
| - | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offe type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | in thi                | y the issuer, to Classify security  Type of Security                                 | rities b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dollar<br>Amount Sold                    |
|   | Total (for filing under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | in thi to fi mate.    | y the issuer, to Classify security  Type of Security  s offering. Exiture continger  | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dollar<br>Amount Sold                    |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and the left of the estimate | in thi                | y the issuer, to Classify security  Type of Security  s offering. Example 1          | rities t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dollar Amount Sold                       |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total.  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate Agent's Fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in thict to fitmate.  | y the issuer, to Classify security  Type of Security  s offering. Example continger  | cclude encies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollar Amount Sold                       |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estit Transfer Agent's Fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in thi                | y the issuer, to Classify security  Type of Security  s offering. Example 1          | rities b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dollar Amount Sold                       |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the esting transfer Agent's Fees  Printing and Engraving Costs.  Legal Fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | in thi                | y the issuer, to Classify security  Type of Security  s offering. Example 1          | xclude encies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollar Amount Sold                       |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offe type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in thi                | y the issuer, to Classify security  Type of Security  s offering. Exacture continger | xclude encies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollar Amount Sold                       |
|   | Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offe type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estin Transfer Agent's Fees.  Printing and Engraving Costs.  Legal Fees.  Engineering Fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | in thict to fit mate. | y the issuer, to Classify security  Type of Security  s offering. Example 1          | xclude xx ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] 3 x ] | Dollar Amount Sold                       |

4 of 8

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer or instance of the purposes shown. If the amount of the adjusted gross proceeds to the issuer or into the adjusted gross proceeds to the issuer or forth in responses to Part C - Question 4.b. above.    Payments to Conflicers, Directors, & Payments to Officers, Directors, & Payments to Others Salaries and fees   1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                  |       |                                      |           |       |                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------|--------------------------------------|-----------|-------|-----------------|--|
| expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer".  5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    | C. OFFERING PRICE, NUMBER OF IN                                                                                                                 | VESTORS, E                       | XPE   | NSES AND USE                         | E OF PRO  | OCE   | EDS             |  |
| purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Payments to Officers, Directors, & Payments to Others  Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    | expenses furnished in response to Part C - Question 4.a. This differ                                                                            | rence is the "a                  | djus  | ted gross proceed                    | is to the |       | \$4,999,800,000 |  |
| Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part |                                                                                                                                                 |                                  |       |                                      |           |       |                 |  |
| Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                  |       | Officers,<br>Directors, &            |           |       |                 |  |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    | Salaries and fees                                                                                                                               | [                                | ]     | \$                                   | [         | ]     | \$              |  |
| Construction or leasing of plant buildings and facilities [] \$ [] \$  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                    | Purchase of real estate                                                                                                                         | [                                | ]     | \$                                   | [         | ]     | \$              |  |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).  Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                                                                                                                 | [                                | ]     | \$                                   | [         | ]     | <u>\$</u>       |  |
| involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    | Construction or leasing of plant buildings and facilities                                                                                       | [                                | ]     | \$                                   | [         | ]     | \$              |  |
| Working capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | involved in this offering that may be used in exchange for the assets                                                                           |                                  | ]     | \$                                   | [         | ]     | \$              |  |
| Other (specify): Investment Capital in Citi Canyon, Ltd., a Cayman  Islands exempted company. (the "Master Fund")  Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                    | Repayment of indebtedness                                                                                                                       | [                                | ]     | \$                                   | [         | ]     | <u>\$</u>       |  |
| Salands exempted company. (the "Master Fund")   Salands exempted ex |                                                                                                                                                                                                                                                    | Working capital                                                                                                                                 | [                                | ]     | \$                                   | [         | 1     | \$              |  |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                  | x ]   | \$4,999,800,00                       | ] 00      | ]     | \$              |  |
| D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  HedgeForum Canyon, Ltd.  Signature  Date  93005  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    | Column Totals                                                                                                                                   | [                                | x ]   | \$4,999,800,00                       | 00 [      | ]     | \$              |  |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  HedgeForum Canyon, Ltd.  Signature  Title of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    | Total Payments Listed (column totals added)                                                                                                     |                                  |       | [ x ]                                | \$4,99    | 9,800 | 0,000           |  |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  HedgeForum Canyon, Ltd.  Signature  Title of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    | D. FEDE                                                                                                                                         | ERAL SIGNA                       | TUF   | EE                                   |           | -     |                 |  |
| HedgeForum Canyon, Ltd.  Name of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | sig                                                                                                                                                                                                                                                | e issuer has duly caused this notice to be signed by the undersigned denature constitutes an undertaking by the issuer to furnish to the U.S. S | uly authorized<br>Securities and | d per | rson. If this notice thange Commissi | on, upon  |       |                 |  |
| HedgeForum Canyon, Ltd.  Name of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Iss                                                                                                                                                                                                                                                | uer (Print or Type)                                                                                                                             | gnature                          |       | 0 0                                  |           | I     | Date 1 /1       |  |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                 |                                  | SK    | who rook                             | _         |       | 9/38/05         |  |
| David Lashbrook Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Na                                                                                                                                                                                                                                                 |                                                                                                                                                 | itle of Signer                   | (Prin | et or Type)                          |           |       | ,               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | David Lashbrook D                                                                                                                               | irector                          |       |                                      |           |       |                 |  |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

5.

| 3513 | E. STA                                                                                                                                                                                                                       | TE SIGNATURE                                      |                              |  |  |  |  |  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------|--|--|--|--|--|--|
| 1.   | Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?                                                                                                    |                                                   |                              |  |  |  |  |  |  |
|      | See Appendix, Column 5, for state response. Not applicable                                                                                                                                                                   |                                                   |                              |  |  |  |  |  |  |
| 2.   | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. <b>Not applicable</b> |                                                   |                              |  |  |  |  |  |  |
| 3.   | The undersigned issuer hereby undertakes to furnish to the state offerees. Not applicable                                                                                                                                    | administrators, upon written request, information | n furnished by the issuer to |  |  |  |  |  |  |
| 4.   | The undersigned issuer represents that the issuer is familiar with Offering Exemption (ULOE) of the state in which this notice exemption has the burden of establishing that these conditions has                            | e is filed and understands that the issuer claimi |                              |  |  |  |  |  |  |
|      | The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.                                                |                                                   |                              |  |  |  |  |  |  |
| Iss  | uer (Print or Type)                                                                                                                                                                                                          | Signature                                         | Date 1 - Class               |  |  |  |  |  |  |
|      | HedgeForum Canyon, Ltd.                                                                                                                                                                                                      | 20 axhbrodh                                       | 9/30/03                      |  |  |  |  |  |  |
| Na   | me (Print or Type)                                                                                                                                                                                                           | Title (Print or Type)                             | 7                            |  |  |  |  |  |  |
|      | David Lashbrook                                                                                                                                                                                                              | Director                                          |                              |  |  |  |  |  |  |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

9723484.1 6 of 8 SEC 1972 (1/94)

APPENDIX

ALL MAN

|         |                                                   |                                        |                                                                                | DGEFORU                              | M CANYON                                                                                                        | , LTD.                                       |               |     |             |
|---------|---------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------|-----|-------------|
| 1       | Intend to<br>non-acc<br>invest<br>Sta<br>(Part B- | o sell to<br>credited<br>ors in        | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of                              | Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                                              |               |     |             |
| State   | Yes                                               | No                                     | Relating to Class A Shares Par Value U.S. \$0.01 Per Share \$4,999,900,000     | Number of<br>Accredited<br>Investors | Amount                                                                                                          | Number of<br>Non-<br>Accredited<br>Investors | Amount        | Yes | No          |
| AL      |                                                   |                                        |                                                                                |                                      | ··                                                                                                              |                                              |               |     |             |
| AK      | <u> </u>                                          | <u></u>                                |                                                                                |                                      | · · ·                                                                                                           |                                              | . <del></del> |     |             |
| AZ      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| AR      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| CA      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| со      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| CT      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| DE      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               | ·   |             |
| DC      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| FL      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| GA      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| н       |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| ID      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| IL      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               | :   |             |
| ĪN      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| IA      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| KS      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               | :   | <del></del> |
| KY      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| LA      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| ME      |                                                   |                                        |                                                                                |                                      | ······································                                                                          |                                              |               |     |             |
| MD      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| MA      |                                                   |                                        |                                                                                |                                      | <del></del>                                                                                                     |                                              |               |     | <u> </u>    |
| MI      |                                                   | -                                      |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| MN      |                                                   |                                        |                                                                                |                                      | <del></del>                                                                                                     |                                              | <del>.</del>  |     |             |
| MS      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| MO      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| MT      |                                                   |                                        |                                                                                |                                      |                                                                                                                 |                                              |               |     |             |
| 9723484 | 1                                                 | لـــــــــــــــــــــــــــــــــــــ | <u> </u>                                                                       |                                      | 7 of 8                                                                                                          | السيبيد                                      |               |     | 1072 (1/04  |

9723484.1

7 of 8

SEC 1972 (1/94)

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APPENDIX

|       |                                                   |                                       |                                                                                | DGEFORU                               | M CANYON,                                                          | LTD.                                         |           |          | 5  |
|-------|---------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|----------------------------------------------|-----------|----------|----|
| 1     | Intend to<br>non-acc<br>invest<br>Sta<br>(Part B- | o sell to<br>redited<br>ors in<br>ite | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type o                                | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                              |           |          |    |
| State | Yes                                               | No                                    | Relating to Class A Shares Par Value U.S. \$0.01 Per Share \$4,999,900,000     | Number of<br>Accredited<br>Investors  | Amount                                                             | Number of<br>Non-<br>Accredited<br>Investors | Amount    | Yes      | No |
| NE    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| NV    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| NH    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| NJ    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| NM    | -                                                 |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| NY    | <u> </u>                                          | X                                     | \$4,999,900,000                                                                | 2                                     | \$5,211,290.03                                                     | 0                                            | 0         |          |    |
| NC    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| ND    | ļ                                                 |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| OH    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| OK    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           | !        |    |
| OR    | -                                                 |                                       |                                                                                |                                       |                                                                    |                                              |           | <u> </u> |    |
| PA    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| RI    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              | <u> </u>  |          |    |
| SC    |                                                   |                                       |                                                                                | · · · · · · · · · · · · · · · · · · · |                                                                    |                                              |           |          |    |
| SD    |                                                   |                                       |                                                                                |                                       | · · · · · · · · · · · · · · · · · · ·                              |                                              |           |          |    |
| TN    |                                                   |                                       | 04.000.000.000                                                                 |                                       | <b>A</b> <00.000                                                   |                                              |           |          | -  |
| TX    |                                                   | X                                     | \$4,999,900,000                                                                | 2                                     | \$600,000                                                          | 0                                            | 0         |          |    |
| UT    | ļ                                                 |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| VT    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| VA    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              | <b>/L</b> |          |    |
| WA    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           | :        |    |
| WI    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           |          |    |
| WY    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           | -        |    |
| PR    |                                                   |                                       |                                                                                |                                       |                                                                    |                                              | -         | <u> </u> |    |
|       |                                                   |                                       |                                                                                |                                       |                                                                    |                                              |           | L        |    |

SCHULTE ROTH & ZABEL LLP
ATTORNEY BUSINESS ACCOUNT
919 Third Avenue
New York, NY 10022
(212) 756-2000

Citibank, N.A. 153 E. 53rd Street New York, NY 10043 Private Banking Division

1-8/210

113918

Five Hundred & no/100 Dollars

\*\*\*\*\*\*500.00

TO THE ORDER OF

1000

**Texas State Securities Board** 

"113918" CO21000089C 400 43346802"

07/05/2005